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# NOTICE OF ALLOWANCE AND FEE(S) DUE

25005

7590

04/22/2005

**DEWITT ROSS & STEVENS S.C.** 8000 EXCELSIOR DR SUITE 401 MADISON, WI 53717-1914

EXAMINER LANGEL, WAYNE A ARTUNIT PAPER NUMBER

1754

DATE MAILED: 04/22/2005

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/632 245      | 08/01/2003  | Randy D. Cortright   | 09820.284           | 3309             |

TITLE OF INVENTION: LOW-TEMPERATURE HYDROGEN PRODUCTION FROM OXYGENATED HYDROCARBONS

| APPLN, TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonnrovisional | YES          | \$700     | \$300           | \$1000           | 07/22/2005 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1,313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current **SMALL ENTITY status:** 

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.
- B. If the status above is to be removed, check box 5b on Part B -Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.
- II. PART B FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

#### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

| CORKEAL CORKEDIAMENCE ADDRESS (Note: use mock a for any ensure or sources)                                                                                                          |                                                                                                                                                      |                                                                                               |                                                                                                                                                            | Note: A certificate of mailing can only be used for domestic mailings of the<br>Fee(s) Transmittal. This certificate cannot be used for any other accompanying<br>papers. Each additional paper, such as an assignment or formal drawing, must<br>have its own certificate of mailing or transmission.                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                       |  |
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| 25005 7590 04/22/2005                                                                                                                                                               |                                                                                                                                                      |                                                                                               |                                                                                                                                                            | have its own certific                                                                                                                                                                                                                                                                                                                                   | ate of mailing or transmission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | in or format diawing, must                                                                                                                            |  |
| DEWITT ROSS & STEVENS S.C.<br>8000 EXCELSIOR DR<br>SUITE 401<br>MADISON, WI 53717-1914                                                                                              |                                                                                                                                                      |                                                                                               |                                                                                                                                                            | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                       |  |
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|                                                                                                                                                                                     |                                                                                                                                                      |                                                                                               |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Signatore)                                                                                                                                           |  |
|                                                                                                                                                                                     |                                                                                                                                                      |                                                                                               |                                                                                                                                                            | [                                                                                                                                                                                                                                                                                                                                                       | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Date)                                                                                                                                                |  |
| APPLICATION NO.                                                                                                                                                                     | FILING DATE                                                                                                                                          | 1                                                                                             | FIRST NAMED INV                                                                                                                                            | ENTOR                                                                                                                                                                                                                                                                                                                                                   | ATTORNEY DOCKET NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CONFIRMATION NO.                                                                                                                                      |  |
| 10/632,245                                                                                                                                                                          | 08/01/2003                                                                                                                                           |                                                                                               | Randy D. Cortright                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                         | 09820,284                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3309                                                                                                                                                  |  |
| TITLE OF INVENTION: L                                                                                                                                                               | OW-TEMPERATURE HY                                                                                                                                    | DROGEN PRODU                                                                                  | CTION FROM ())                                                                                                                                             | (YGENATED HYDRO                                                                                                                                                                                                                                                                                                                                         | CARBONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                       |  |
| APPLN. TYPE                                                                                                                                                                         | SMALL ENTITY                                                                                                                                         | ISSUE FI                                                                                      | EE .                                                                                                                                                       | PUBLICATION FEE                                                                                                                                                                                                                                                                                                                                         | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DATE DUE                                                                                                                                              |  |
| nonprovisional                                                                                                                                                                      | YES                                                                                                                                                  | \$700                                                                                         |                                                                                                                                                            | \$300                                                                                                                                                                                                                                                                                                                                                   | \$1000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 07/22/2005                                                                                                                                            |  |
| EXAM                                                                                                                                                                                | MINER                                                                                                                                                | ART UN                                                                                        | IT                                                                                                                                                         | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                       |  |
| LANGEL,                                                                                                                                                                             | WAYNE A                                                                                                                                              | 1754                                                                                          | 423-648100                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                       |  |
| "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth i                                                   | NEC                                                                                                                                                  | ation form<br>e of a Customer<br>BE PRINTED ON T<br>clow, no assignee<br>of this form is NO   | registered atton 2 registered pat listed, no name  "HE PATENT (pri data will appear of a substitute for fi .) RESIDENCE: (C                                | a single firm (having a<br>ney or agent) and the nent attorneys or agents.<br>will be printed.<br>at or type) In the patent. If an assiling an assignment.  CITY and STATE OR C                                                                                                                                                                         | ignee is identified below, the c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                       |  |
| 4a. The following fee(s) are                                                                                                                                                        |                                                                                                                                                      |                                                                                               | . Payment of Fee(                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                         | Corporation of other private gr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | oup time, — Covernment                                                                                                                                |  |
| lssue Fee                                                                                                                                                                           |                                                                                                                                                      |                                                                                               | A check in the amount of the fee(s) is enclosed.                                                                                                           |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                       |  |
| Publication Fee (No                                                                                                                                                                 | small entity discount permitt                                                                                                                        | ed)                                                                                           | Payment by credit card. Form PTO-2038 is attached.                                                                                                         |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                       |  |
| Advance Order - # of Copies                                                                                                                                                         |                                                                                                                                                      |                                                                                               | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number(enclose an extra copy of this form). |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                       |  |
|                                                                                                                                                                                     | s (from status indicated above SMALL ENTITY status, See                                                                                              |                                                                                               |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                         | IALL ENTITY status. See 37 C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                       |  |
| The Director of the USPIC<br>NOTE: The Issue Fee and I<br>interest as shown by the rec                                                                                              | o is requested to apply the Iss<br>Publication Fee (if required)<br>cords of the United States Pat                                                   | ue Fee and Publica<br>will not be accepted<br>ent and Trademark                               | tion Fee (if any) or<br>I from anyone othe<br>Office.                                                                                                      | to re-apply any previo<br>r than the applicant; a r                                                                                                                                                                                                                                                                                                     | usly paid issue fee to the applic<br>egistered attorney or agent; or t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ation identified above.<br>he assignee or other party in                                                                                              |  |
| Authorized Signature                                                                                                                                                                |                                                                                                                                                      |                                                                                               |                                                                                                                                                            | Date                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ·····                                                                                                                                                 |  |
| Typed or printed name                                                                                                                                                               |                                                                                                                                                      |                                                                                               |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                       |  |
| This collection of informati<br>an application. Confidentia<br>submitting the completed a<br>this form and/or suggestion<br>Box 1450, Alexandria, Vir<br>Alexandria, Virginia 22315 | ion is required by 37 CFR 1 dity is governed by 35 U.S.Capplication form to the USP as for reducing this burden, so ginia 22313-1450. DO NOT 5-1450. | 311. The information is 122 and 37 CFR TO. Time will vary hould be sent to the SEND FEES OR C | on is required to ob<br>1.14. This collection<br>depending upon to<br>the Chief Information<br>COMPLETED FO                                                | tain or retain a benefit to<br>on is estimated to take<br>the individual case. Any<br>on Officer, U.S. Patent a<br>RMS TO THIS ADDRI                                                                                                                                                                                                                    | by the public which is to file (and 2 minutes to complete, including comments on the amount of the different of the trademark Office, U.S. Department of the commissioner of the public | d by the USPTO to processy<br>ng gathering, preparing, and<br>me you require to complete<br>partment of Commerce, P.O.<br>for Patents, P.O. Box 1450, |  |

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### UNITED STATES PATENT AND TRADEMARK OFFICE

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| 25005                               | 7590 04/22/2005 |                      | EXAMINER            |                  |
| DEWITT ROSS & STEVENS S.C.          |                 |                      | LANGEL, WAYNE A     |                  |
| 8000 EXCELSI                        | OR DR           |                      | ART UNIT            | PAPER NUMBER     |
| SUITE 401<br>MADISON, WI 53717-1914 |                 |                      | 1754                |                  |
| •                                   |                 |                      |                     |                  |

DATE MAILED: 04/22/2005

## Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.